PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

October 11, 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM
Filing Date

First Named Inventor

Application Number

09/801,944

Filing Date

March 8, 2001

First Named Inventor

Gabriel Vogeli

Art Unit

1646

Examiner Name

Ruixiang Li

PHRM0008-100 Total Number of Pages in This Submission Attorney Docket Number ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form ☐ Drawing(s) Technology Center (TC) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Change of Correspondence Address Status Letter Affidavits/declaration(s) Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): POSTCARD RECEIPT Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Gwilym J.O. Attwell, Regis. No. 45, 449 Individual name Signature Date

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL LABEL NO. EV513563012US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Gwilym J.O. Attwell

Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Paper: Transmittal Form (Certificate of Express Mail; Fee Transmittal w/auth to charge deposit account (1706.00) in duplicate; AMENDMENT AND RESPONSE (18 pages); Petition for 4 Months Extension of Time; Change of Correspondence Address Form

Applicants: Gabriel Vogeli et al.

Title: NOVEL G PROTEIN-COUPLED RECEPTORS

Serial No.: 09/801,944 Date Filed: March 8, 2001

Docket No.: PHRM0008-100 (00100.US1) Express Mail Label No. EV513563012US

Date Sent: October 11, 2004

Gwilym J.O. Attwell/cm



Mailing Label Label 11-F June 2002



ORIGIN (POSTAL U	SE ONI VI			Post Office to Addresse
PO ZIP Code	Day of Delivery	Flat Rate Envelope	DELIVERY (POSTAL USE ONL Delivery Attempt Time	
·	Next Second	П		Employee Signature
Date In		Postage	Mo. Day AM P	M Employee Signature
Mo. Day Year	12 Noon 3 PM	\$		
Time In	Military	Return Receipt Fee	Mo. Day AM P	M Employee Signature
AM PM	2nd Day 3rd Day		Mo. Day	
Weight	Int'i Alpha Country Code	COD Fee Insurance Fee	Mo. Day AM P	M
lbs. ozs. No Delivery			WAIVER OF SIGNATURE (Domestic Only) A waiver of signature is requested. It with deliver addressee or addressee a goan (if (feller) amplitude to cation) and l'authorize that delivery employee.	yto be misde without obtaining signature of
	Acceptance Clerk Initials	Total Postage & Fees	NO DELIVERY Weekend Holiday	
Weekand Holiday		\$		Customer Signature:
METHOD OF PAYMENT: Express Mail Corporate Acct. No.	· · · · · · · · · · · · · · · · · · ·		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: PLEASE PRINT) 「ATTWELL COZEN O°C 1900 MARKI ATRIUM PHILADELPI	PHONE DANDE I	A 19103-3527	TO: (PLEASE PRINT) COMMISSIONER F PO BOX 1450 ALEXANDRIA	OR PATENTS VA 22313-1450
PRESS HARD. You are making 3 copies.	FOR PICKUP OR		Mail Stop: an 0-222-1811 www.usps.com	
A STATE OF THE STA	157 1000	Assault department of the	CCCCACACACACACACACACACACACACACACACACAC	